

NOTIFICATION OF PERSONNEL ACTION

	96-33, Suban		- : : : -				la contribe			13 Date o	(Dist	Lucus	n Data	
	st, First, Middle			30.0			2. Social Se	(b) (6		4.	b) (6)	4) Effective		102
	RKAS,						l.,				- / (- /		1-12	-03
FIRST	ACTION							ND ACTI		270				500
5-A. Code	5-B, Nature	of Action					6-A, Code	6-B. Nature	of Action				*	
895	LOC	ALITY F	AYMEN	T						::				
5-C. Code	5-D. Legal A	uthority				3551 SUN	6-C. Code	6-D. Logal A	uthority					
VGR	5 U	. S, C. 'S	304				١٠.				*			80
5-E, Code	5-F, Legal A	uthority			23		6-E. Code	6-F, Legal A	uthority					
11.	1	-	580		4 4 7		l	2.						
7. FROM	: Position	Title and Nu	ımbor			• •	15. TO: 1	osition T	tle and Num	ber		•		
0004	196						0004	1196	80		33	.•	S)	
ENVI	RONME	NTAL PE	ROTECT	ION AS	THATELES	•	ENV	RONME	NTAL P	ROTE	MOIT	ASSIS	TANT	ñ
							1							
8. Pay Plan 9	. Coc. Code 10	2. Grade/Level	11. Step/Rate	12. Total Salary		13. Pay Basis	16. Pay Plan	17, Occ. Code	8. Grade/Level	19. Step/Rat	20, Total	SalaryiAward		21. Pay Basi
GS	0029	07	90	\$3	7980. 00	PA	GS (0029	07	06	\$3	38427.	00	PA
12A: Basic Pay		128, Locally Adl		Adj. Basic Pay	120, Other Pa		20A: Basic Pa	y	208, Locality Ad		20C, Adj. Basis	c Pay	200. Other	Pay.
	77. 00		33.0	37980.	00		3387	77. 00	4550	. 00	38427	7. 00		
		Position's Organia		u, , , , , , .					Position's Organ				<u> </u>	
	2730				8			12730		70.00			,	A 4
100000 TOTAL		N 3 PH	LADE	PHTA.		. '			H4 E M	TI ADI	LPHIA	۸,		
		SITE			TETON.				SITE				IN.	* *
		그리즘 아이들이 얼마나 있었다.			LITIES B	D			NT & F					R.
					-101 LLO D				VERY S					
		VERY SE			. 9	. "		ADELP	6 - Control - Co		LVAN	rΔ	7.	
	ADELP		ENNSYL	AHIATH	.		1	-64		_(1110				
APP 141	OYEE D	ATA					1			. les .		··· lonvi	: 	
23, Veterans		3 - 10-Poi	nt/Disability	5 - 10-P	oint/Other		24. Tenure	0 - None	2 - Conditio		ency Use	20; Ve	(b)	erence for RI
(b) (b)	1 - None 2 - 5-Point	4 - 10-Poi	nt/Compensable	6 - 10-P	olnt/Compensable/3	0%	1	1 - Permanen	t 3 - Indefinit	, 0				(-)
27. FEGU		(b) (6)					28. Arinuita		DDI 704	n	ı		y Rate Dete	minant
(4) (4)		(b) (6)					9	1.74	PPLICA	RLF		Q		
30; Retireme			¢		31. Service Comp.		324 Work Sc						rt-Time Hot	eekly
K	FERS	& FICA	٠ ۴		(b) ((0)	F	FULL	TIME			00	Pay	Period
POSIT	ION DA	ΓA	IR					7.7.4.7						
34, Position				5 50	35. FLSA Categor		38. Appropr	lation Code		1/2	1074070	37, Ba	rgaining Ur	
1	1 - Competit 2 - Excepted	tive Service 3	 SES General SES Career F 	Reserved		Exempt Nonexempt				8314			0011	
38: Duty Stat					39; Duty Station (City - County - 3	State or Overs	eas Location)					7	
42	-6540	-101			PH	ILADE	_PHIA	PENN	ISYLVAN	IA,	E			
40. AGENCY	DATA" .	41.		42.		43,	**	44;					-	
0	01	12-	-02-01			AYM		. 1	0-09-8	8 Y	07-02	2-89	Α.	
45; Remarks										·	·		 .	
		CLUDES	A GEN	ERAL	INCREASE	OF 3.	1 PER	RCENT	AND A	- 5		59	raff	. 888
LOCA	LITY	PAYMENT	APPI	ÍCABL	E IN THI	S ARE	4.	vano da la tradesca del	10002/00/10/EU 7/E/E			108		200
-		())) ()				-	1000)		•			925		٠, ٠
							0.65							55.75

×	48. Employing Departmen	t or Agency		50. Signature/Authentication and Title of Approving Official
	ENVIRONM	ENTAL PROTEC	TION AGENCY	DEPUTY, HRD
	A7. Agency Code EP OO	48, Personnel Office ID 3260	49: Approval Date 01-12-03	STEVEN E. JOHNSON
				!

5-Part 50-316



Standard Form 50-B				0	č			
Rev. 7/91 U.S. Office of Personnel Management								
U.S. Office of Personnel Management PPM Supp. 296-33, Subch. 4 NOTIFICATION O	F PER	RSO	NNEĻ	ACTION	·			
1. Name (Lest, First, Middle)	12.6	and al Car	(b) (6)		3. Date of	Birth	4. Effective Date	
CHERKAS, LORI			(0) (0)		(t	0) (6)	01-1	3-02
FIRST ACTION	SF	ECON	ID ACT	ION		3		
5-A. Code 5-B; Nature of Action			6-B. Nature					
894 PAY ADJ				1250				
5-C. Code 5-D. Legal Authority	. 6-C.	. Code	6-D. Legal /	Authority'		•		
QWM REG 531, 205								
5-E. Code	6-E.	Code	6-F, Legal A	Authority				
ZLM			(6)	- 8		200	72	
7. FROM: Position Title and Number	15.	. TO: F	osition T	itle and Nun	nber		3 40	
0004196		000	4196		*			
ENVIRONMENTAL PROTECTION ASSISTANT		ENV	IRONM	ENTAL I	PROTEC	TION	ASSISTAN	T
8. Pay Plan 9. Coc. Code 10. Grade Level 11. Step Rate 12. Total Salary 13. Pay	Basis 16. F	Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Sa	lary/Award	21. Pay Basis
GS 0029 07 06 \$35140.00 F	A	GS	0029	07	06:	\$3	86838. 00	PA
12A. Basic Pay 12B. Locally Ad. 12C. Ad. Basic Pay 12D. Other Pay	201	. Basic Pay		208. Localty A	1	200. Adj. Basic F		Pay
31715.00 3425.00 35140.00		328	59. 00	397	7. 00	36836	. 00	
14. Name and Location of Position's Organization	22.	Name ar	d Location o	Position's Organ	Ization			
90342730		903	42730					
EPA, REGION 3 PHILADELPHIA,		EPA	REGI	ON 3 PI	HILADE	LPHIA	4,	
HAZARDOUS SITE CLEANUP DIVISION,		HAZ	ARDOU	S SITE	CLEAN	UP DI	VISION	
ENFORCEMENT & FEDERAL FACILITIES BR.	٠.	' ENFORCEMENT & FEDERAL FACILITIES BR.						
, COST RECOVERY SECTION	124	COST RECOVERY SECTION						
PHILADELPHIA, PENNSYLVANIA	9.50 (PHILADELPHIA, PENNSYLVANIA						
EMPLOYEE DATA								
23, Veterans Preference	24.7	Tenure			25, Age	ncy Use	26. Veterans Pret	erence for RII
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	<u> </u>	1	0 - None 1 - Permane	2 - Condition	mal B	7	(b)	(6)
27. FEGU	28.7		t Indicator	III S-IIIOIEE	. 10		29. Pay Rate Det	erminant
(b) (6)		9	NOT	APPLIC	ARIF		0	
30, Retirement Plan - 31, Sendre Comp. Date (Le		Work Sci		ra r LLLO	12124		33. Part-Time Ho	
(b) (6)	—	F	FULL	TIME			OO Pay	eekly Period
POSITION DATA								
34; Position Occupied 35, FLSA Category	38.7	Appropri	ation Code				37. Bargaining Ur	vit Status
1 - Competitive Service 3 - SES General N E - Exempt N - Nonexem	~				8314		001	1 '
38. Duty Station Code 39, Duty Station (City - Cou		or Overse	as Location)					
42-6540-101 PHILA	DELP	HIA	PEN	INSYLVA	AIV		On the second se	
40. AGENCY DATA 41. 42. 43.			44.			•		
	YM		4	10-09-	38 Y	07-02	2-89 A	
45, Remarks		-						

SALARY INCLUDES A GENERAL INCREASE OF 3.6 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.

48. Employing Department of	Agency		50, Signature/Authentication and Title of Approving Official		
ENVIRONM	ENTAL PROTECT	TION AGENCY	DEPUTY, HRD		
47. Agency Code	48. Personnel Office ID	49. Approval Date			- 3
EP 00	. 3260	01-13-02	STEVEN E. JOHNSON	 	
				ALIDA.	ot Usable After 6/30/93



Standard Form 50-B	
Rev. 7/91	
HC Offer of Demonial House	





U.S. Office of Personnel Management FPM Supp. 298-33, Subch. 4. NOTIFICATION OF	PERSONNEL ACTION	
1. Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth 4, Effective	o Date
CHERKAS, LORI	(b) (6) (b) (6)	12-02-01
FIRST ACTION:	SECOND ACTION '	
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action	
893 WITHIN-GRADE INC		
5-C, Code. 5-D, Legal Authority	8-C. Code 8-D. Legal Authority	8 (0)
Q7M REG 531.404		
5-E. Code 5-F. Legal Authority	8-E. Code 8-F. Legal Authority	
a sometimes and the second		N=0
7. FROM: Position Title and Number	15. TO: Position Title and Number	
0004196	0004196	
ENVIRONMENTAL PROTECTION ASSISTANT	ENVIRONMENTAL PROTECTION ASSIS	BTANT
8, Pay Plan 9, Occ. Code 10, Grade Level 11, Step Rate 12, Total Salary 13, Pay Ba	sis 16. Pay Plan 17. Occ. Code 18. Grade-Level 19. Step Rate 20. Total Salary/Award	21, Pay Basis
GS 0029 07 05 \$34136.00 PA	A GS 0029 07 06 \$35140.	OO PA
12A, Basic Pay 12B, Locally Adj. 12C, Adj. Basic Pay 12D, Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay	200. Other Pay
30809.00 3327.00 34136.00	31715.00 3425.00 35140.00	
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization	ří.
90342730	90342730	
EPA, REGION 3 PHILADELPHIA,	EPA, REGION 3 PHILADELPHIA,	
HAZARDOUS SITE CLEANUP DIVISION,	HAZARDOUS SITE CLEANUP DIVISION	יאכ.
ENFORCEMENT & FEDERAL FACILITIES BR,	ENFORCEMENT & FEDERAL FACILITY	IES BR,
COST RECOVERY SECTION	COST RECOVERY SECTION	
PHILADELPHIA, PENNSYLVANIA	PHILADELPHIA, PENNSYLVANIA	
EMPLOYEE DATA	and the same of th	
23. Veterans Preference		erans Preference for RIF
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	1 0-None 2-Conditional 8	(b) (6)
27, FEGLI	28. Annuitant Indicator 29, Pay	Rate Determinant
(b) (6)	7 NOT APPLICABLE O	
30, Retirement Plan 31, Service Comp. Date (Lean		t-Time Hours Per
(b) (6)	F FULL TIME 00	Biweekly Pay Period
POSITION DATA		
34. Position Occupied 35. FLSA Category	A 2 2	gaining Unit Status
1 2- Excepted Service 3 - SES General. N E - Exempt N - Nonexempt		0011
#####################################	y State or Oversees Location)	
	DELPHIA, PENNSYLVANIA	
40. AGENCY DATA 41, 42, 43,	44.	^
	YM 10-09-88 Y 07-02-89	<u>A</u>
45. Remarks	THE OF ORIGINATION	
WORK PERFORMANCE IS AT AN ACCEPTABLE L		
THE WAITING PERIOD FOR YOUR NEXT WITH		
	PERIOD CAN BE CHANGED BY AN EQUIV	- :1
ALENT INCREASE ACTION, EXTENDED LEAVE	WITHOUT PAY, OR NON-WORK DAYS IF	
INTERMITTENT.		

48. Employing Department	or Agency		50. Signature/Authentication and Title of Approving Official		
ENVIRONM	ENTAL PROTE	CTION AGENCY	DEPUTY, AHRO		
47, Agency Code	48, Personnel Office ID	49. Approval Date			
EP . 0.0	3260	12-02-01	STEVEN (1) JOHNSON		
	•			1000	ot Usable After 6/30/9



Life Insurance Election



Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

General Instructions By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but decline all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.

Form Approved; OMB No. 3206-0230

Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to

	ng information concerning		· IData of the feet days	www) Social Security	Number
Name (Last)	as (First)		Date of birth (mm/dd/ (b) (6)		(b) (6)
	rtment or agency	OWCP claim number if applicable	er, Department or agence ZIP Code). Dh	y location where employed	e works (City, state,
Environmon	tal Protection A	centu	1 (3HSI	\mathcal{L}	19103
To elect or re		e below. If you do not sign f	or Basic, you may not e	lect or retain any form	of optional insurance. I
		deductions to pay my share of			
Basic	Signature (Do'not print. through a power of attorn	Only the Employee/Assignee m ey am not acceptable.) (b) (6)	ay sign. Signatures by gua	rdians, conservators or	Date (mm/dd/yyy (b) (6)
Optional	waived any or all of these booklet.) Sign the box(es	In Item 3 above, you may ele e options, in which case you ma) below for any option(s) you a to enroll in it are strictly limited ou previously elected the opt	re eligible for and wish to e Mourtail not be cavered.	the following options (U which you are eligible to e lect or retain. If you waiv for any option(s) for wh	INLESS you have previous elect as outlined in the FE e one or more of the option lich you do not sign belo
Option	A - Standard	Option B -	Additional Lilli		C - Family multiple 1 indicate below
	*	the full cost. (b) (6) 1 times my pay 2 times my pay	(b) 3 times my pay 4 times my pay 5 times my pay		and \$2,500 upon the dechorze deductions to pay to the control of t
ature (Do not print. Signatures by guar er of attorney are no	Only the Employee/Assignee m dians, conservators or through t acceptable.)	nay Signature (Do not print. Only sign. Signatures by guardians, power of attorney are not acce	, conservators or through a	Signature (Do not print: Or sign, Signatures by guardia power of attorney are not e	nly the Employee/Assignee ma ns, conservators or through a cceptable.)
If you want N	O life insurance covera	age, sign and date below.	(b) (6)	3 2 2	
Waiver of all life insurance	I want no life insurance c my employing office rece and submit satisfactory r enrollment period, which understand that my decis	overage: I understand that any lives this waiver, Further, I can results of a physical, or (2) I ha is held infrequently. I under slon to waive life insurance cover	not get Basic life insurance we a break in Federal servi erstand that I cannot get erage now may affect my el	e unless (1) I wait at leas ice of at least 180 days, o any optional insurance ligibility for coverage as a	t 1 year after I sign this for or (3) I participate in an or unless I first have Bask retiree.
coverage	1 signature (no not bing.	Only the Employee/Assignee many are not acceptable.)	nay sign. Signatures by gua	rdians, conservators or	Date (mm/dd/yy
	ted Remarks:	(b	(6)		of event ng change k of Part 2)
To be comple by agency.		- · · · · · · · · · · · · · · · · · · ·	Date received in emp	loying office Effe	ctive date of coverage
by agency. Name and address U.S. ENVIRO	ess of employing office NMENTAL PROTECTION A		(mm/dd/yyiy)	/`	10 P1/01
by agency. Name and address U.S. ENVIRO	NMENTAL PROTECTION A Sources management	BRANCH, 3PM40 -	10/11/01	tions on the back of Part	10/01/01
Name and address U.S. ENVIRO HUMAN RES	NMENTAL PROTECTION A	BRANCH, 3PM40	10/11/01	lions on the back of Part	10/01/01

This is an 'official' document generated from the eOPF system.

Standard Form 2817 Rev. April 1999 slete and unusable

Instructions for Agencies

1. Who Should File This Form

- · New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions which did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver or declination that has been in effect for at least one year.

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*; SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. The number of multiples is limited as listed in the previous paragraph.

2. Review of Completed Form

Agencies should review the original and both copies of SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also signitem 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If the employee assigned his or her insurance, only the assignee(s) may waive some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

4. Date Received

Enter the date the employing office received this form.

5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI website at www.opm.gov/insure/life.



Standard Form 60-B Rov. 7791					J	
U.S. Office of Personnel Management FPM Supp. 298-33, Subch. 4 NOTIFIC	CATION OF R	ERSONNE	L ACTION			
1. Name (Last, First, Middle)	- 35 - 1	2. Social Security Nu	mber '	3: Date of Birth	4. Effective Date	•
CHÈRKAS, LORI .		(6	0) (6)	(b) (6)	10-21-	01
FIRST ACTION. 5-A Code 5-B. Nature of Action		SECOND A	CTION, ature of Action			
881 FEGLI CHANGE 5-C. Code 5-D. Legal Authority			ogal Authority		<u> </u>	
DPM 5 U.S.C. CH. 87	į			William		
5-E. Code 5-F, Legal Authority.		6-E. Code 6-F. Le	gal Authority	244	•	, ,
<u>, , , , , , , , , , , , , , , , , , , </u>		1				:
7. FROM: Position Title and Number	1000	000419	on Title and Numbe	ır	100	
N7558N ENVIRONMENTAL PROTECTION ASSI	STANT			OTECTION	ASSISTANT	
ENVIRONMENTAL TRAILEM TON MODE				· · · · · · · · · · · · · · · · · · ·		
8, Pay Plan 9, Occ. Code 10, Grade-Level 11, Step.Rate 12, Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. C	Code 18. Grade/Level 19	Step/Rate 20, Total S	alaryiAward 21	Pay Basis
GS 0029 07 05 \$3413		GS 002				PA
	120. Other Pay	20A Basic Pay	00 3327.	200, A4, Basic		
30807. 00 3327. 00 34136. 00		3080.9.	tion of Position's Organizat	00 3413	<u> </u>	
70342730	3	903427		•		
EPA, REGION 3 PHILADELPHIA,	*	EPA, RE	GION 3 PHI	LADELPHI	A,	
HAZARDOUS SITE CLEANUP DIVISI	ON,		OUS SITE O			
ENFORGEMENT & FEDERAL FACILIT	IES BR,				CILITIES BR	t.
COST RECOVERY SECTION			ECOVERY SE		T-A	
PHILADELPHIA, PENNSYLVANIA EMPLOYEE DATA		LUILAD	ELPRIA PE	INNO I LVMIN	<u> </u>	
23, Veterans Preference		24, Tenure		25. Agency Use	26. Veterans Preferen	ce for RIF
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Othe 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Comp	r pensable/30% .		nanent 3 - Indefinite	8	(b) (6	/
27. FEGLI		28. Annuitant Indicat			29. Pay Rate Determin	ant
(b) (6) 30. Retirement Plan (31. Sec	rvice Comp. Date (Leave)	9 NO	T APPLICA	ILE	33, Part-Time Hours P	or
K FERS & FICA	(b) (6)	<u> </u>	LL TIME		OO Pay Pen	,
POSITION DATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1				
34. Position Occupied 35. FL	SA Category	36. Appropriation Co	xde.	•	37, Bargaining Unit St	atus
	N - Nonexempt			314	0011	• • •
	ty Station (City - County - S		***	٠.	- 0	
42-6540-101 - 142.	HILADE 43.	LFRIA, F	ENNSYLVANI	. n		
001 12-05-79	AYM	ı	10-09-88	3. Y 07-0	2-87 A	•
45. Remarks				•		•••
				60		
	8.					
			27			.*
*			*		9	•
···						
v .	ž.			•		
				- 1,		
₩				<i>;</i>	85	
		(i)	3	8		40
		•	S=			•
48. Employing Department or Agency		Iso o'				
CONTRACTOR OF THE CONTRACTOR O	. 8 6	50. Signature/Author	ntication and Title of Appro	ving Official	11 D 100	
ENVIRONMENTAL PROTECTION AGE	NCY	Contraction and Contraction		ving Official		
ENVIRONMENTAL PROTECTION AGE 47. Agency Code 48. Personnel Office ID 49; Approval Date	NCY	DEPUTY		ving Official	** ** **** *	
47. Agency Code	NCY -21-01	Contraction and Contraction	FRO			
47. Agency Code		DEPUTY	FRO		* Usabbo Ar ISN 7540-01	ter 6/30/93 -333-6238
47. Agency Code	-21-01	DEPUTY	JOHNSO	JN	ISN 7540-01	ter 6/30/93 1-333-6238

Birth	4. Effective Date O1-14	1-01
	01-17	 01
		3.7
TION A	SSISTAN	г
20. Total Sala \$34	136.00	21, Pay Basis PA
200.A4. Basic Pa 34136.		c Pay
LPHIA, UP DIV L FACII N LVANIA	LITIES I	3R,
ncy Use) (6)
	29. Pay Rate De	terminant
	33, Part-Time H	ours Per weekly ny Period
-		
	89 A	Ņ.
	07-02-	37. Bargaining U 001 1 07-02-89 A

48. Employing Department ENVIRONMI		TION AGENCY	50, Signature/Authentication and Title of Approving Official DEPUTY, H. R. MGMT. BRANCH
47, Agency Code EP 00	48. Personnel Office ID 3260	49. Approval Date 12-31-00	ANGELA D. MOSBY
			Joi I table After B/2000

fot Usable After 6/30/93 NSN 7540-01-333-6238

Standard Form 50-B Rey, 7/91					f. ia,	**
U.S. Office of Personnel Management FPM Supp. 298-33, Subch. 4	OTIFICATION OF F	PERSONN	EL ACTION	21		
1. Name (Last, First, Middle) CHERKAS, LORI	1.10	2. Social Security N	1umber 3.	Date of Birth (b) (6)	4/Effective Date	7-00
FIRST ACTION		SECOND A	and a state of the party of the state of the			
5-A. Code 5-B. Nature of Action		6-A. Code - 6-B. I	lature of Action	¥		Y s
- 721 REASSIGNMENT: 5-C. Code 5-D. Legal Authority		8-C, Code 6-D, I	egal Authority			•
N2M REG 335. 102	8, 82					
5-E. Code 5-F. Legal Authority	*	8-E, Code 6-F. L	egal Authority		•	
7. FROM: Position Title and Number	·	15. TO: Positi	on Title and Number			• •
NAOBON ENVIRONMENTAL PROTECTION	ASSISTANT	N7558N ENVIRO	NMENTAL PRO	TECTION (ASSISTAN	IT
8, Pay Plan. 9, Occ. Code 10, Grade/Level 11, Step/Rate 12, Total S	stary 13, Pay Basis	18. Pay Plan 17, Occ.	Code 18. Grade/Level 19.1	RepRate 20, Total Sala	rylAward	21: Pay Basis
	32843. 00 PA	GS 002	THE COLUMN TWO ISSUED TO BE THE COLUMN TO THE COLUMN TWO ISSUED TO THE	ADDITION TO THE PROPERTY OF	2863. 00	PA.
124 Basic Pay 128 Locality Ad. 120 Ad. Basic P. 29798. 00 2865. 00 3286	9/ 120.00m Pay 53.00	20A Basic Pay	00 2865. (200.44 Bask Pa 200.44 Bask Pa 200.44 Bask Pa		(Pay
14, Name and Location of Position's Organization	33.04		ation of Position's Organizatio		. 00	
90342490	9	903427			5) (\$. 50	
EPA, REGION 3 PHILADELPHIA HAZARDOUS SITE CLEANUP DI			GION 3 PHIL OUS SITE CL			
REMOVAL BRANCH,	LYISION		EMENT & FEI			BR,
BROWNFIELDS & SITE ASSESS		COST F	ECOVERY SEC	TION		
PHILADELPHIA, PENNSYLVAN	[A .	PHILAI	ELPHIA, PE	NSYLVANI	Α	
EMPLOYEE DATA		24. Tenuro		25.'Agency Use	26, Veterans Pre	ference for RIF
1 - None 3 - 10-Point/Disability 5 - 1	0-Point/Other 0-Point/Compensable/30%	1 0-No	manent 3 - Indefinite	8	(-)	(6)
27, FEGU (b) (6)	•	28, Annuitant Indic	T APPLICABL		29, Pay Rate De	terminant
(b) (6)	31. Service Comp. Date (Leave)	32. Work Schedule			33. Part-Time Hk	ours Por
K FERS & FICA	(b) (6)	FF	JUL TIME		OO Pa	veekly y Period
POSITION DATA		100 1000	.5.		37, Bargaining U	nd Clahus
34: Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	N E-Exempt N N-Nonexempt	38. Appropriation C	esteric and the second	311	001	
38, Duty Station Code	39. Duty Station (City - County - S		cation)		·I	
42-6540-101			ENNSYLVANI	<u>4.,</u>	<u> </u>	
40. AGENCY DATA 41. 12-05-97 42.	43. AYM		10-09-88	Y 07-02	-89: A	
45;Remarks POSITION IS AT THE FULL F		in the second				89
POSTITUM TO MI THE POLL I	EKPOKIMNOE LEV	EL.				
)6 X	x 2	¥8		ð.		
•				5 x 5		
					v	
				30.7		
* *				1 2	80	8
				6		
	*		. 10			
		ta)	g.	4		
· ·		0				
46, Employing Department or Agency		50, Skinature/Auth	entication and Title of Approvi	ng Official		
ENVIRONMENTAL PROTECTION	AGENCY		HAR. MOM			
47. Agency Code 48. Personnel Office ID 49. Ap	proval Date	0/	$\mathcal{A}(\mathcal{A})$			键
EP 00 3260	09-17-00	ANGEL	A DI MOSBY		, in a	ble After 6/30/9
The second secon						OND WHICH CANDING
5-Part: 50-316					NSN 75	40-01-333-623

Standard Form 50-B Rev, 7/91		9)				•			1 1	
U.S. Office of Personnel Ma	No. of the contract of the con	NO.	TIFICATION	OFP	FRSO	NNFI	ACTIO	N.	9%		19
FPM Supp. 298-33, Subch.		110		<u> </u>		curity Numbe		3, Date of	Righ	4. Effective Date	
1. Name (Last First Middle CHERKAS:	LORI				Z 500ai 56	(b) (1 4	(b) (6)		23-00
FIRST ACTION	LUNA			<u></u>	SECO	ND ACT	ION	l			
5-A. Code 5-B. Nature of	Action				6-A. Code	6-B. Nature					
881 FEG	LI CHÀNGE										
5-C. Code 5-D. Legal Au	thority		98		6-C, Code	8-D. Legal	Authority-	37	8 8		
	. S. C. CH. 87				0						
5-E, Code 5-F, Legal AL	thority				6-E. Code	6-F, Legal	Authority		a _i		
7. FROM: Position	Tille and Number				45 TO: 1	Pacition :	Title and N	ımbor :		·	
NEBOAN	Tide and Number			70	N60		iluo anu N	imer			(6)
	NTAL PROTECTI	ON A	SSISTANT				IENTAL	PROTE	CTION A	SSISTA	NT
				50.					9		
8. Pay Plan 9. Occ. Codo: 10	Grade/Level 11. Step/Rate 12	Total Salary	13	L Pay Basis			18. Grade Level	19, Step Rate			21: Pay Basis
GS 0029	07 05	\$3	2863.00	PA :		0029	07	05		863. 00	
78		Basic Pay	120. Other Pay		20A Basic Pa	Same we	208. Localit		32863.	Carried A.	0.00
29998. 00		2863	1, 00	0. 00		98.00	of Position's On	45. 00	32863.	00	0.00
14. Name and Location of F 90342490	ostion's Organization					42490		Janzaoon			10
	N 3 PHILADELP	HIA.					Barrier and Fine	PHILAD	ELPHIA,		
	SITE CLEANUP		ISION,						NUP DIV		
REMOVAL B	RANCH		•	,			BRANC				
	DS & SITE ASS		: [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ON					ASSESSM		CTION
	HIA, PENNSYLV	ANIA			PHI	LADEL	PHIA	PENNS	YLVANIA	<u> </u>	
EMPLOYEE DA	ITA	1012/01/01								Too Veterane I	Preference for RIF
1 - None	3 - 10-Point/Disability		olni/Other		24. Tenure	0 - None	2 - Conc	itional '	ency Use) (6)
2 - 5-Point 27, FEGLI	4 - 10-Point/Compensable	6 - 10-P	oint/Compensable/30%	••	28) Annuitar	1 - Permanent Indicator	ent . 3 - Inde	inito		29, Pay Rate	Determinant
	(b) (6)		2		9	NOT	APPLI	CABLE		0	
30, Retirement Plan		W	31. Service Comp. Dat	to (Leave)	32. Work Sc	hedule			-	33. Part-Time	Hours Per Biweekly.
K FERS	& FICA		(b) (6	5)	F	FULL	- TIME			00	ay Period
POSITION DAT	A									122	
34. Position Occupied	ve Service 3 - SES General		35. FLSA Category	not	38. Appropri	lation Code		8308		37. Bargaining) 1 1
1 - Competit 2 - Excepted 38. Duty Station Code	Service 4 - SES Career Reso	rvėd	39. Duty Station (City	exempt	ate or Owice	nes Location	1	9300		1	
42-6540	-1:01			0.50			NSYLV	ANIA			923
40, AGENCY DATA	41.	42.		43.		- 44.					
001	12-05-99			AYM		10.	10-09	-88 Y	07-02-	-89 A	
45, Remarks			,				t		1380		
			72		9				9		
								- 1		100	
											10
			<u> </u>					727			
	¥	2	•				15	3.			
							#			2	
19			30				5%				
9									77		
8				35							
										38	
81				, ,			ngan a	a. 3		d.	\$P
			9	3							
48. Employing Department		0010000 minutes	200 100 AUT - 100 CONTO 1-2-0					Approving Offi			
	ENTAL PROTECT				DEP	UTY.	H.R.	MGMT.	BRANCH		
47. Agency Code	48. Personnel Office ID	49. Appro			4510	- A	, Mac	DV.	*		
EP 00	3260		.04-23-00	. .	MING	ELA I). MOS	ьт <u>.</u>		#E39. III	sable After 6/30/93
6-Part 60-318										ŠŇ.	sablo After 6/30/93 7540-01-333-6238
E 77	This is an 'offi	cial'	document	t aen	erate	d fror	n the	OPF 9	system.	A DO	
The second secon											





FEGLI '99 Open Enrollment Period Election Form

Federal Employees' Group Life Insurance Program

Instructions
Use this form ONLY for Open Enrollment Period elections during the FEGLI
'99 Open Enrollment Period from April 24 – June 30, 1999. Use SF 2817,
Life Insurance Election, for all other elections and all waivers of coverage.

Read the back of Part 3 — Employee Copy carefully.

· Give your completed form to your human resources office.

 Do not separate the parts. Your human resources office will complete the form and return your copy to you.

This election supersedes all previous elections. Be sure you sign for ALL coverage you wish to have — not just for the new coverage you wish to elect during this open enrollment period.

← Effective date

New coverage you elect during this open enrollment period will be effective on the first day of your first pay period that begins on or after April 23, 2000, which immediately follows one in which you were at work in a pay status for at least 32 hours for full-time employees. If you are a part-time employee, you must have been at work in a pay status for one-half of the regularly scheduled tour of duty (TOD) shown on your current SF 50. If you are on an intermittent schedule or do not have a regularly scheduled TOD, you must have been at work in a pay status for one-half of the hours you customarily work. The new coverage will not be used in calculating any benefits payable before that effective date.

Fill in identifying information about yours	The second secon			
Name (Last) CHERKAS (First) LORJ	(Middle)	Date of birth (mm/dd	Anny) Soc	(b) (6)
Employing department or agency		Department or agend	cy location where	you work (City, state, ZIP Code)
1. E.P.A.	5	3\$153	3 Phils	1. P.A.
PIS PRASICAL I	gn and date below. If you do not seductions to pay my share of the			
Signature (Penot oriot, Only you may sign acceptable.)		rvators or through a pow (b) (6)	er of attornev are r	not Date (mm/dd/yyyy)
Optional for any option(s) you wish regardless of whether you	Item 4 on this form, you may e	t be covered for any	option(s) for wh	ich you do not sign belov
Option A - Standard	Option B - Ad			ion(C - Family
ant Option A. uthorize deductions to pay the full cost.	I want Option B in the multip pay I indicate below. I author the full cost. (b) 1 times my pay 2 times my pay	3 times my pay 4 times my pay 5 times my pay	understand that ea upon the death of a	ach multiple is worth \$5,000 my spouse, and \$2,500 upon gible child. I authorize deduc-
gnature (Do not print. Only you may sign. natures by guardians, conservators or through a wer of attorney are not acceptable.)	Signature (Do not print. Ont Signatures by guardians, conse power of attorney are not accep	tane.)	Stonatures by quard	ot print. Only you may sign. lians, conservators or through are not acceptable.)
	(0) ((0)		
te (mm/dd/yyyy)	Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	1
	(b)) (6)		
To be completed by agency.	Remarks: OPEN_SEA	SON		
Name and address of human resources office		Date received in huma	an resources office	Effective date of coverage (mm/dd/yyyy)
US ENVIRONMENTAL PROTECTION	N AGENCY, REG III	(mm/dd/yyyy) 06-30-	-99	04-23-200
1650 ARCH STREET		I followed the instructi	or's on the back of	
PHILADELPHIA, PA 19103	1	Signature of authorized JACQUELYNE SH	Hage Cy official INDS, EMPL	RELISTEC
	Ur	d		

The employee's copy of this form, when completed by the human resources office, together with the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees)

Constitute the employee's Certificate of Insurance.

RI 76-27

April 1999

05 305 25 V THE CALL PLANTS OF A PLANTS OF A RESIDENCE OF A RES distraction بالفاد وراحد لأد SHOP I SHOW A CONTROL OF THE SECOND This is an 'official' document generated from the eOPF system.



Use this form to:

Start or change your contributions to the Thrift Savings Plan (TSP)
Stop your contributions to the TSP
Indicate how you want your future contributions to be invested in the three TSP funds.

Before completing this form, please read the Summary of the Thrift Savings Plan for Federal Employées and the instructions on

	y will return it to you after completing Section VII.	rm to your agency.emplo	ying office. Do not remove
I. INFORMATION ABOUT YOU	1. Cherkes Lori	(F(st)	(Middle)
	2.	(b) (c)	State Zip Code
	Street Address	(b) (6)	State Zp cooc
	Social Security Number	Daytime Phone (Area)	
	(b) (6)	6. USEPA :	3HS. 23/Sycerton
	Date of Birth (Month/Day/Year).	Office Identification (A	gency and Organization)
II.	Complete either Part A or Part B of this section.		1 1 2
AMOUNT OF YOUR CONTRIBUTIONS If you complete this section,	Part A. To contribute to your TSP account; enter either a whole percentage of your basic pay per pay period (Item 7) or a whole dollar amount per pay, period (Item 8). (b) (6	and will not be, contract this time, but you. Automatic (1%) Cont	FERS employee who is not, ributing to your TSP account are allocating your Agency tributions, check Item 9.
you must also complete Section IV.	7(b)	9. [(Noncontribut	ling FERS)
III. STOPPING YOUR CONTRIBUTIONS	To stop your contributions to the TSP, check Item 10 employee, your Agency Automatic (1%) Contribution how you want these contributions to be divided among the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contributions to the TSP, check Item 10 employees the contribution to the co	ns will continue. You must	15 and 16. If you are a FERS complete Section IV to show
Do not complete Section II. FERS employees must also complete Section IV.	10. I want to stop contributing to my TSP account the end of the pay period in which my agency en	int, I understand that my pa nploying office accepts this	ayroll deductions will stop of form.
IV. ALLOCATING CONTRIBUTIONS You must also complete Section II or III;	Show how you want future contributions to your accepted percentage (in multiples of 5%) that you want in total of Items: 11, 12, and 13 must equal 100%. If you choose will be applied to all contributions to your and Agency Matching Contributions. If you invest in either the F or C Fund, you must significant the processed.	wested in each fund. Do no bu are a FERS employee, th ccount, including Agency A	of use dollar amounts. The se percentages that you Automatic (1%) Contributions
	11. G Fund Government Securities Investment	Fund (b) (6) .0%	
	12. F Fund Fixed Income Index Investment Fun		
	13. C Fund Common Stock Index Investment Fu		a.3
	The property of the first property of the content o	Total 100.0%	
V. ACKNOWLEDGE- MENT OF RISK Also sign Soction VI.	I have chosen to Invest in the F and/or C Fund. I un risk. I also understand that I am not protected by ei Thrift Investment Board against investment loss in the nor the Federal Retirement Thrift Investment Board	ther the U.S. Government of he F or C Fund, and that no	either the U.S. Government
Aso sign socion vi.	14. Kori Checkas		Į.
* * * * *	Participant's Signature	t	
VI. SIGNATURE	You must sign Item 15 and date Item 16; otherwise, 15. Hore Charles	your form will be returned	16. 11/30/99
	Participant's Signature		Date Signed -
VII.	17.68-01-0015 18 EPO	19.01-02-2000	20
FOR	Payroll discapling the Payroll of th	Effective Date	TSP SCD (Optional) 22. 12-31-1999
EMPLOYING OFFICE USE	Signature of Employing Office Official		Acceptance Date
ONLY	23/	24. Open Season	1

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

You can start, change, or allocate your contributions only during the TSP open seasons (May 15-July 31 and November 15-January 31): However, you may submit the form at any time to stop your contributions (see Section III): Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. Generally, you may not withdraw your TSP account while you are still employed by the Federal Government, although, beginning in late 1997, in service withdrawals will be available for financial hardship or after age 59½. If you change your address, notify your agency employing office immediately, so that it can correct your records for your TSP account.

SECTION'I

Complete all items in this section.

SECTION II

Complete Part A to start, continue; or change your TSP contributions.

Item 7, Percentage of Basic Pay per Pay Period. If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

ttem 8, Dollar Amount per Pay Period. The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period.

Complete Part B only if you are covered by FERS and you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

SECTION III

Complete this section to stop your contributions. If you stop contributing during an open season, you will not be able to start again until the next TSP open season. If you stop contributing outside of an open season, you will not be able to start again until the second open season after this form is accepted by your agency employing office.

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP funds. All participants may invest all or any portion of the contributions to their accounts in any of the three funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

SECTION V

Complete this section if you invest in the For C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgment of risk carefully before you sign it.

SECTION VI

You must complete this section (even if you completed Section V).

SECTION VII

(To be completed by employing office)

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing, Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Socurity number, which will be used to identify your account. We will use the information you provide to process your Thrift Savings Plan Election Form (TSP-1). This Information may also be shared with other Federal agencies to administer your account or statistical, auditing, or archiving purposes, in addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or criminal law or with other agencies for the purpose of implementing a statute,

rule, or order, it may also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate, it may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process the actions you request by this form:

Standard Form 50-B Rev. 7/91 U.S. Office of Personnel Management PM Supp. 296-33, Subch. 4 NOTIFICATION OF	PERSO	NNEL A	Q ACTION	•			
I. Name (Last First Midde) CHERKAS, LORI	2 Social Se	(b) (6)	3. Date of B	(th) (6)	4. Effective Date O1-0	02-00
FIRST ACTION	SECO	ND ACTI	ON				
B74 S.B. Nature of Action B74 PAY ADJ	6-A, Code	6-B. Nature o	Action				
-C. Code G-D. Legal Authority REG 531. 205	6-C, Code	6-C, Code 6-D. Legal Authority					
E. Code E. D. 13144	6-E, Code	6-E. Code 6-F. Logal Authority					
7. FROM: Position Title and Number NGOB3N	15. TO: N60	Position TI	tle and Nun	ber .			
ENVIRONMENTAL PROTECTION ASSISTANT	A		NTAL F	PROTEC	TÍON À	ASSISTAN	NT.
Pay Plan 9.00c. Code 10. Grade Level 11. Step Rate 12. Total Salary 93.000.00 PA		17.00.000 1 0029	Gradatevel 07	19, StepRate O.5	20. Total Salar \$32	y/Award 2863.00	21. Pay Bas PA
28901.00 2399.00 31300.00 120.00 Pay 0.0	0 299	98. 00	208, Locally Ad 2865		X. A4. Basic Pay 32863.		O. OC
4. Name and Location of Position's Organization 90342490 EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISION, REMOVAL BRANCH, BROWNFIELDS & SITE ASSESSMENT SECTION PHILADELPHIA, PENNSYLVANIA	903 EPA HAZ REM BRO	42490 REGIO ARDOUS OVAL I	RANCH	ILADE CLEAN	UP DIV SSESSM	/ISION, MENT SEC	CTION
EMPLOYEE DATA	· 						
3. Vetorana Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other	24. Tenuro	0 - None	2 - Conditio	nal 25. Agend	cy Uso 1	26. Veterans Pr	eference for R
2 - 8-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30% (b) (6)	28. Annuita		3-Indefinit			29. Pay Rate D	
O. Retirement Plan FERS & FICA 91. Service Comp. Date (Leave (b) (6)	32, Work S	FULL	TIME			33. Part-Time H	ours Per weekly ry Period
POSITION DATA 4. Position Occupied 1 1- Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved N - Nonexcempt N - Nonexcempt	38. Арргорг	fation Code		8308		37. Bargaining 0	
8. Duty Station Code 39. Duty Station (City - County 42-6540-101 PHILAD			ISYLVA	NIA		- 1-	8
0. AGENCY DATA 41. 12-05-99 42. 43. AY	М	44.	0-09-8	10 V	07-02-	-89 A	

46. Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code
EP. OO

48. Personnel Office ID
3260

49. Approval Date
O1-O2-OO

ANGELA D. MOSBY

4 Usable After 6/30/93 SN 7540-01-333-6238

andard Form 50-B	₩ - h

Standard Form 60-B Rev. 7/91		7				· -	7				
U.S. Office of Personnel Manage FPM Supp. 296-33, Subch. 4	ment	NO	FIFICATION	OF P	ERSO	NNEL	ACTION			523 0.0	
1. Name (Last, First, Middle)				- '	2. Social Se	curity Numbe	,	3, Date of B	irth .	4, Effective Date	-
CHERKAS, L	OR I					(b) () (6)	12-0	5-99
FIRST ACTION					SECO	ND ACT	ION	, I u			
5-A. Code 5-B, Nature of Act					6-A. Code	6-B. Nature	of Action	•			
B93 WITHI	N-GRADE IN	IC		24	8(
5-C. Code 5-D. Legal Author	6				6-C. Code	6-D. Logal A	urthority		15		
	31, 404				0 F Cods	0.5.1					_
5-E. Code 5-F. Legal Author	¥			92	6-E. Code	6-F. Legal A	winority				
7. FROM: Position Titl	and Number				F- 72-55 (7) 510		itle and Num	nber			
NEGROAM				,	N90					~~~~\\	_
ENVIRONMENT	AL PROTECT	ION A	SSISTANT		ENV	IRUNM	ENTAL F	KULEC	I.IUN A	MATRIER	•
8. Pay Plan 9, Occ. Code 10. Grad	ottevel 11, StepRate	12. Total Salary	· 1	13. Pay Basis	16. Pay Plan	17, Occ. Code	18. Grade/Levol	19. Step/Rate	20. Total Salary	Award	21; Pay Basis
나는 그리고 있는데 이번을 잃었다. 나는 아이들은 나는 아이들은 사람들은 사람들이 되었다.	07 04		0379, 00	PA	GS	0027	07	05	\$31	300.00	PA
	\$1,000 \$1500 Company	Adj. Basic Pay	120. Other Pay		20A. Basic Pa	50 0.50	208. Locally Ad		OC. Adj. Basic Pay	2000000	**************************************
28051. OC	2328. 00	30379	. oq	0, 00	• 100	01.00			31300.	00	0.00
14. Name and Location of Position	on's Organization						f Position's Organ	vization			33332 B
90342490 EPA, REGION	2 BUT AREI	DUTA		ar j		42490	ON 3 PI	ITI ADE	DUTA.		
HAZARDOUS S			TETON.		- X04273541 TO 15		S SITE			TSTON.	
REMOVAL BRA		DIV	1010147				BRANCH		0. 21	1010/1/	
BROWNFIELDS		SESSM	ENT SECT	וסא					SSESSM	ENT SEC	TION
PHILADELPHI							PHIA, F				
EMPLOYEE DATA						. ~					1
23. Vetorans Preference					24, Tenure			25. Agen	cy Uso	26. Veterans Pre	()
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability. 4 - 10-Point/Compensable	5 - 10-Pe	oint/Other oint/Compensable/30%		1	0 - None 1 - Permane	2 - Condition nt 3 - Indefinit	anal B	1	(b)	
27, FEGU	(1) (6)	`			28, Annuita		ADDI TO	ADI =		29. Pay Rate Det	erminant
	(b) (6)				9		APPLICA	4015		Q	D
30. Retirement Plan FERS &	FICA		31; Service Comp. D	6)	32.'Work Sc	The state of the s	TIME				eekly.
			L		L 1.					Too I Pay	Period
POSITION DATA 34. Position Occupied			35, FLSA Category		38. Appropr	lation Code				37. Bargaining U	nit Status
1 - Competitive S	ervice 3 - SES General		NI E-Ex	empt nexempt		OO T		8308		001	
2 - Excepted Sen	100 4-SES Career R	eserved	39. Duty Station (Cit)		ate or Overs	eas Location)		•			
42-6540-1	01	25	PH	ILADE	PHIA		NSYLVAI	NIA.			
40, AGENCY DATA OO1	12-05-95	42.	i.	AYM		44.	10-09-	88 Y	07-02-	-89 A	
45, Remarks					, _						
WORK PERFOR										TVC	
THE WAITING FROM THE AB	LEKIUD LE	THE T	ATE TU	THUTM.	-GKAD	CVN B	E CUAN	72 104	AN EG	MITU-	
ALENT INCRE											
INTERMITTEN		n Evi	ENUED CE	HYE W.	LINWU		,	DI4 WQI			
west and the second sec	The same					(0)					
					5.				(8)		
			34		Yii		10				

46. Employing Department ENVIRONM		CTION AGENCY	DEPUTY, WHER, MGMT. BRANC	н
47. Agency Code EP 00	48. Personnel Office ID 3260	49. Approval Date 12-05-99	ANGELA DI MOSBY	



Rev. 7/91 U.S. Office of Personnel Management								
	ICATION OF P	ERSO	NNEL	ACTION				
FPM Supp. 298-33; Subch. 4 1. Name (Last, First, Middle)			curity Number		3, Date of Bu	th 4	. Effective Date	
CHERKAS, LORI			(b) (6		(b)	(6)	05-23	99
FIRST ACTION		,	ND ACTI				· ·	1
5-A. Code 6-B. Nature of Action		6-A. Code	6-B. Nature o	of Action				
780 NAME CHANGE FROM 5-C. Code 5-D. Legal Authority		6-C. Code	6-D: Logal A	uthority.				
CGM 5 U.S.C. 5528 (E) (5)	·		4					
5-E. Code 5-F. Legal Authority		6-E. Code	6-F. Legal Au	rthority			\$40	
7. FROM: Position Title and Number	- 3 3 3 3.	15. TO: F	osition Ti	tio and Nun	nber		-11,,11	
N6083N		N 6083	N					
ENVIRONMENTAL PROTECTION ASSIS	TANT	E'NV I'R	ONHEN	TAL PR	OTECTI	ON ASS	SISTANT	•
8. Pay Plan 9. Occ. Code 10. Grade-Level 11. Step/Rate 12. Total Salary	13. Pay Basis	16, Pay Plan	17. Occ. Code 1	8. Grade/Level	19. Step/Rate	20. Total Salary	(Award	21, Pay Basis
GS 00 29 07 04 \$30 379	1120, Other Pay	GS 00		0.7 208, Locality Ad	0/1	\$303		DA .
28051.00 2328.00 30379.00	0.00	2 80 5 1	1000000400	2328		379.00		0.00
14. Name and Location of Position's Organization		22. Name a	nd Location of	Position's Organ				
90342470		90342						
EPA, REGION 3 PHILADELPHIA, HAZARDOUS SITE CLEANUP DIVISIO	N.	EPA, H	EGION	3 PHI SITE C	LADELP	HIA,	KOT	
REMOVAL BRANCH,			AL BR		PEVKAL	DIVI	220119	
SITE ASSESSMENT & CEPP SECTION	1			SMENT	& CEPP	SECT	EON	
PHILADELPHIA PENNSYLVANIA		PHILA	DELPH	IAPE	NNSYLV	ANIA		
EMPLOYEE DATA 23. Veterans Preference		24. Tenure			25. Agenc	y Use	26. Veterans P	reference for RIF
	ther ompensable/30%	1	0 - None 1 - Permanen	2 - Condition		·	(-)	(6)
27.FEGU (b) (6)	-	28. Annuitar	#.CD-000000000000		14) 1800 Steak		29. Pay Rate D	eterminant
	Service Comp. Date (Leave)	9 N 32, Work Sc	OT AP	PLICAB	LE	-	33, Part-Time I	Hours Per .
K FERS & FICA	(b) (6)		ULL T	THE		(0 5	lweekly ay Period
POSITION DATA							1	
34. Position Occupied 35/	FLSA Category	38, Appropri	ation Code	_	٠,		37. Bargaining	
1 - Competitive Service 3 - SES General	E - Exempt				308		0011	
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved N	N - Nonexempt Duty Station (City - County - S	tate or Overse	as Location)					
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved N 38. Duty Station Code 39.	N = Nonexempt Duty Station (City = County = S PHTIADELE		PENNS					
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 11 2 - 6 5 14 0 - 1 0 1 40. AGENCY DATA 41, 42.	N - Nonexempt Duty Station (City - County - S PHTI. A DEI: P 43.		PENNS	YLVAHT	X			
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved N 38. Duty Station Code 39.	N = Nonexempt Duty Station (City = County = S PHTIADELE		PENNS		X	-02-89	9 A	* * *
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 11 2 - 6 5 11 0 - 1 0 1 40. AGENCY DATA 41. 001 11 - 30 - 9 7	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	э А	
1 - Competitive Service 3 - SES General 4 - SES Careor Reserved N 38. Duty Station Code 39. 11 2 - 6 5 11 0 - 1 0 1 40. AGENCY DATA 41. 0 0 1 11 - 30 - 9 7	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	Э А	
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 А	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	Э А	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIAPPIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	σ.
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M		PENNS	YLVAHT	X	-02-89	9 A	σ
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORI	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M		PENNS	YLVAHT	X	-02-89	Э А	σ
1 - Competitive Service 3-SES General 4-SES Career Reserved N 38. Duty Station Code 39. 11 2-6540-101 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORINAME CHANGE DUE TO MARRIAGE.	N - Nonexempt Duty Station (City - County - S PHTIADRIP 43. Y M	HTA	PRNNS	YI.VANT	x 07	-02-89	9 A	σ
1 - Competitive Service 3-SES General N. SES Duty Station Code 39. 12-6540-101 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORINAME CHANGE DUE TO MARRIAGE.	N-Nonexempt Duty Station (City - County - S PHTIADELE 43. YM	HT8	PENNS 44. 10	YI.VANT	Y 0.7		9 A	σ
1 - Competitive Service 3-SES General 4-SES Career Reserved N 38. Duty Station Code 39. 11 2-6540-101 40. AGENCY DATA 41. 001 11-30-97 45. Romarks NAME CHANGED FROM MILLER, LORINAME CHANGE DUE TO MARRIAGE.	N-Nonexempt Duty Station (City - County - S PHTI AD ELE 43. YM	HTA	PENNS 44. 10	YI.VANT	Y 0.7		9 A	σ.
1 - Competitive Service 3 - SES General N. SES Duty Station Code 39. 11 - 6540 - 101 40. AGENCY DATA 41. OCT 11 - 30 - 97 45. Romarks NAME CHANGED FROM MILLER, LORINAME CHANGE DUE TO MARRIAGE. 46. Employing Department or Agency ENYIRONMENTAL PROTECTION AGEN 47. Agency Code 48. Personnel Office ID 49. Approval Date 1.	N-Nonexempt Duty Station (City - County - S PHTI AD ELE 43. YM	HT8	PENNS 44. 10	YI.VANT	Y 0.7			able After 6/30/03
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N 38. Duty Station Code 39. 41 2 - 6 5 4 0 - 1 0 1 40. AGENCY DATA 41. 001 11 - 30 - 9 7 45. Romarks NAME CHANGED FROM MILLER, LORINAME CHANGE DUE TO MARRIAGE. 46. Employing Department or Agency ENVIRONMENT AI. PROTECTION AGEN 47. Agency Code 48. Personnel Office ID 49. Approval Date of the content of the con	PHILADELE 43. YM 23-99	60: Signatur D EDU T	e/Authonicatic	YI.VANT -09-88	y 07	HCH /	n U	sable After 6/30/93 7540-01-333-8238

1. Name (Last, F			NNEL ACTIO	N	Harris Ha
	R. LORI	2, Social Se	curity Number (b) (6)	3. Date of Birth (b) (6)	4. Effective Date 04-25
FIRST A	CTION	 SECO	ND ACTION		- bi
5A Code 5- 966	B. Nature of Action ADMINISTRATIVE CHANGE	6-A. Code	6-B. Nature of Action		
5-C. Code 5-	D. Legal Authority	6-C, Code	6-D, Legal Authority		
5-E Code 5-	F. Legal Authority	6-E, Code	6-F, Legal Authority		1
N6083N	osition Title and Number NMENTAL PROTECTION ASSISTANT	1 608		PROTECTION	ASSISTANT

30379.00

12C. A4. Basic Pay

\$30379.00

120. Other Pay

EMPLOYEE DATA 3. Veterans Preference	24, Tenure	25. Agency Use	26. Veterans Preférence
PHILADELPHIA, PENNSYLVANTA	PHILADELPHIA, PE	NUSYLVANI	<u> </u>
SITE ASSESSMENT & CEPP SECTION	SITE ASSESSMENT		
REMOVAL BRANCH,	REMOVAL BRANCH,	V	
HAZARDOUS SITE CLEANUP DIVISION,	HAZARDOUS SITE C	LEANUP DI	VISION,
EPA, REGION 3 PHILADELPHIA,	EPA, REGION 3 PHI		
90342470	90342470		
0021121170	9.03/1.2/1.7.0		

PA

0.00

GS \$029

28051.00

20A. Basic Pay

07

22. Name and Location of Position's Organization

208. Locally Ad.

2328.00

04

04-25-99

21. Pay Basis

PA

0.00

200, Other Pay

20C. A4. Basic Pay

30379.00

\$30379.00

23. Veterans Preference				24, Tenure		25. Agency Use	26. Veterans Preférence for R	
(b) (6) 1 - None 2 - 5-Point		- 10-Point/Other		1 1:	8	(b) (6)		
27, FEGLI				28; Annuitant In	dicator	***************************************	29. Pay Rate Determinant	
(b) (6)		4	9 N	OT APPLICABL	E	0	
30, Retirement Plan		31, Sen	dce Comp. Date (Leave)	32. Work Sched	luie		33. Part-Time Hours Per	
K FERS	E PICA		(b) (6)	FF	ULL TIME		0 0 Biweekly Pay Period	
POSITION DATA	A							
34. Position Occupied		35. FLS	A Category	38, Appropriation Code			37. Bargaining Unit Status	
1 - Competitiv	e Service 3 - SES General Service 4 - SES Career Reserve	d N	E - Exempt N - Nonexempt	8308			0011	
38. Duty Station Code		39. Dun	y Station (City - County - S	State or Ovorseas	Location)			
42-6540-	101 .		PHILADEI	PHIA.	PENNSYLVANIA			
40. AGENCY DATA	41,	42,	43.		44.		1 1907-000	
001	11-30-97		AYM		10-09-88	¥ 07-02	-89 A	
45 Damadia								

THIS ACTION CONVERTS YOUR FEGLI (FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM) CODE TO THE NEW EQUIVALENT 2-CHARACTER CODE ASSIGNED BY THE OFFICE OF PERSONNEL MANAGEMENT. SEE BLOCK 27 ABOVE. THIS ACTION DOES NOT CHANGE YOUR FEGLI COVERAGE.

46. Employing Departmen	t or Agency		50, Signature/Authentication and Title of Approving Official	
ENVIRONH	ENTAL PROTEC	TION AGENCY	DEPUTY, HOR, MEMIT. BRANCH	
47. Agency Code	48. Personnel Office ID	49. Approval Date	A A	
EP 00	3260	04-25-99	ANGELA D. MOEBY	
• • • • • • • • • • • • • • • • • • • •				After 6/30/93 01-333-6238

50-316

GS

12A Basic Pay

0029

-14. Name and Location of Position's Organization

28051.00

07

128. Locally Adj.

2328.00

04

HEALTH BENEFITS REGISTRATION FORM

leral Employees Health Benefits Pro

Form Approved: OMB No. 3206-0160

· Type or Print Firmly.

•	Co	mpTote	Part A and	Parts	B, C,
	n	and E	as applicab	Ja	

. Do not separate the copies. Your employing office will certify the completed form and return your copy to you. . Sign and date in Part F. PART A - Fill in this part. 1. Name (Last, first, middle initial) 3. Date of birth (mo., day, yr.) Social Security number 6. Are you now married? 5. Sex Male X Female 7. Daytime telephone number PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program. 1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.) Name of p Enrollment code 2b. ZIP code 2c. Date of birth 2d. Sex 2e. Relationship 2f. Social Security number 2a. Names of family members (See Instructions) (mo., day, yr.) "code" Do you, your spouse or any other eligible family members have any group bealth insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? Medicare Indicate part(s) CHAMPUS Other private (specify name) No 7 Yes PART C . Fill in this part, as well as PART B, to change enrollment. 1. Present Plan name 2. Present Plan 3. Number of event that 4. Date of event that permits permits change enrollment (See Table of (mo., day, yr.) code Pormissable Changes) PART D - Employees Only PART E - CANCELLATION Place an "X" in the box below if you wish NOT TO ENROLL in the FEIIB Place an "X" in the box below if you wish to CANCEL Present Plan enrollment code your enrollment. Program. Lelect to cancel my enrollment in the Federal I elect not to enroll in the Federal Employees Health Benefits Program. Employees Health Benefits Program. I am currently enrolled under the code shown at the right. My signature in PART F certifies that I have read and understand the My signature in PART F certifies that I have read the information in the instructions information regarding this election. regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement. PART F - Fill in this part WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.) Younsignature (Do not print) 2. Date PART G.- To be completed by agency. 1. Name and address of employing office 2. Date received in employing office 3. Effective date of action 01-31-99 01-21-99 U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION III 5. Payroll office number 6. Payroll contact and telephone number **HUMAN RESOURCES MANAGEMENT BRANCH, 3PM40** 68-01-0015 202) 565-2550 MELISSA RYE 1650 ARCH STREET 7. Personnel contact and telephone number Signature of authorized agency official PHILADELPHIA, PA 19103-2029 9. Phone number Remarks MOVED FROM SERVICED AREA

Office of Personnel Mai

This is an 'official' document generated from the eOPF system.



indard Form 2809 Rev. August 1992

party and their percusal recurrences

100 Fine the

asses a seas

BROWN IN 188

U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION III
HUMAN RESOURCES MANAGEMENT BRANCH, 3PM40
1550 ARCH STREET
FIEL 1944 PM, PA 19103-2029

\.

Stan	dard Form 50-B
Rov.	7/91
U,Š,	Office of Personnel Management
FPM	Supp. 296-33, Subch. 4
4 11	made and First 15 dates





U.S. Office of Personnel Management PPM Supp. 298-33, Subch. 4 NOTIFICATION OF	PERSC	NNEL A	CTION		8			
1. Name (Lest, First, Middle) MILLER, LORI	2. Sedet S	(b) (6)	*.	3, Date of B	(6) 4.	Effective Date 01→0	3-99	
FIRST ACTION	SECO	SECOND ACTION						
5-A. Code 5-B. Nature of Action	6-A Code	8-B. Nature of						
894 PAY ADJ								
5-C, Code 5-D, Legal Authority	6-C. Code	6-D. Legal Aut	hority					
QUM REG 531-205								
5-E. Code 5-F. Legal Authority	6-E, Code	6-F, Logal Aut	hority					
ZLM E.O. 13106			1-4		4			
7. FROM: Position Title and Number	111	Position Tit	lo and Num	ber				
N6083N	N60		1/mar n	DOMBC	MTAN 10	CTCTAN	ጥ	
ENVIRONMENTAL PROTECTION ASSISTANT	ENV	TROMBE	NTAL P	ROTEC	TTON Y	SSISTAN	1	
8. Pay Plan 9. Coc., Code 10. Grade-Level 11. Stop-Rate. 12. Total Salary 13. Pay Bar	sis 16, Pay Plan	17. Occ. Code 18	Grade/Level	19. Step.Rate	20. Total SalarylA	lward	21. Pay Bas	
GS 0029 07 04 \$29293.00 PA		0029	07	04	\$303	379.00	PA	
12A, Basic Pay 12B, Localty Ad. 12C, Ad, Basic Pay 12D, Other Pay	20A, Basic Pa		208. Locally Ad	2	OC. Adj. Basic Pay	200. Other	Pay	
27206.00 2087.00 29293.00 0.0	0 280	51.00	2328	.00	30379.0	00	0.00	
14. Name and Location of Position's Organization	22, Name	and Location of F	osition's Organi	ization				
90342470		90342470						
EPA, REGION 3 PHILADELPHIA,		EPA, REGION 3 PHILADELPHIA,						
HAZARDOUS SITE CLEANUP DIVISION,		HAZARDOUS SITE CLEANUP DIVISION,						
REMOVAL BRANCH,		REHOVAL BRANCH,						
SITE ASSESSMENT & CEPP SECTION		SITE ASSESSMENT & CEPP SECTION PHILADELPHIA, PENNSYLVANIA						
PHILADELPHIA, PENNSYLVANIA	PHI	LADELP	HIA, P	ENNSY.	LVANIA			
EMPLOYEE DATA						y		
23. Veterans Preference (5) (6) 1 - None 3 - 10-Point/Disabitry 5 - 10-Point/Other	24. Tenure	0 - None	2 - Conditio	25, Agen	cy Use	26, Veterans Pre	ference for R	
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	1	1 - Permanent	3 - Indefinite	nal 8			- / (- /	
77.FEGU		nt Indicator	DD1 T#1	0 t P		29, Pay Rate Det	orminant	
(b) (6)	9		PPLICA	BFF		0		
30, Retirement Plan 31, Service Comp. Date (Lear						33. Part-Time Ho	roekly	
K FERS O FICA	F	FULL	TIME			OU Pay	Period	
POSITION DATA						07 Damelelas II	a's Ctabus	
34. Position Occupied 35. FLSA Category 1 - Competitive Service 3 - SES General 1 E - Exempt	36. Approp	36. Appropriation Code 37. Bargaining Unit Status 0011						
2 - Excepted Service 4 - SES Career Reserved N - Nonexempt				0308		001	<u> </u>	
39. Duty Station Code 42-6540-101 PHILAD	PLPHIA		SYLVAN	IA				
40, AGENCY DATA 41: 42. 43,		44.			 ' ' .		7	
001 11-30-97 AY	M		0-09-8	8 Y .	07-02-8	39 A	/	
45, Remarks			Antonio Maria			1		
SALARY INCLUDES A GENERAL INCREASE OF		RCENT	AND A			,		
LOCALITY PAYMENT APPLICABLE IN THIS AR	EA.		13					
		1						

48. Employing Department	or Agency	98	50. Signature/Authentication and Title of Approving Official					
ENVIRONM	ENTAL PROTEC	TION AGENCY	DEPURY, H.R. MGHT BRANCH					
47, Agency Code EP 00	48. Personnel Office ID 3260	49. Approval Date 01-03-99	DEPUTT H.R. MGHT BRANCH LUGILO MOSBY					

Standard	Form 50-B
Rev. 7/9	1
U.S. Off	ce of Personnel Management
	oo, 296-33, Subch, 4





1. Name (Last, First, Middle)		2. Social S	Security Nur		3. Date o		4. Effective Date	•
MILLER_ LORI			(b) (6	0)	(1	b) (6)	08-	16-98
FIRST ACTION		SECON	D ACT	ION			******	
5-A. Code 5-B. Nature of Action				e of Action				W.
885 PERFORMANCE AWARD								
5-C. Code 5-D. Legal Authority		6-C. Code	6-D. Legal	Authority				
V4R 5 U.S.C. 4505A			Maria de la companya					
5-E. Code 5-F. Legal Authority		6-E. Code	6-F, Legal	Authority			ii.	
	,							
7. FROM: Position Title and Number	· · · · · · · · · · · · · · · · · · ·	15. TO: I	Position 1	Title and N	umber		000	***************************************
N6083N		N60	83N	•				
ENVIRONMENTAL PROTECTION ASSISTA	NT	ENV	TRONE	SENTAL	PROTE	CTION A	ASSISTA	HT
				State News			7.5	
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary	13. Pay Basis .	16.Pay Plan 17	. Occ. Code 18	3. Grade/Level	19. Step/Rate	20. Total Salary/A	/ward	21: Pay Basis
GS 0029 07 04 \$29293.0	O PA			•			\$750.00	
12A, Basic Pay 12B, Locality Adj. 12C, Adj. Basic Pay 12D, Other		20A. Basic Pay	7	208: Locality Ad	. 20C	Adj. Basic Pay	200. Other P.	ly :
27206.0d 2087.00 29293.0d	0.00	1		1.				
14. Name and Location of Position's Organization		22, Name	and Locatk	on of Position	's Organizatio	n	- 60	
90342470	ā	903	42470)				
EPA, REGION 3 PHILADELPHIA,	EPA, REGION 3 PHILADELPHIA,							
HAZARDOUS SITE CLEANUP DIVISION.	HAZARDOUS SITE CLEANUP DIVISION.							
REMOVAL BRANCH,	REMOVAL BRANCH,							
SITE ASSESSMENT & CEPP SECTION	SITE ASSESSMENT & CEPP SECTION							
PHILADELPHIA, PENNSYLVANIA	1	PHILADELPHIA, PENNSYLVANIA						
EMPLOYEE DATA		•		r rayon a m		23225.07		
23. Veterans Preference		24. Tenure		E		ncy.Use	26. Veterans Pre	
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Comp	ensable/30%	1	0 - None 1 - Permaner	2 - Condit	ional 8	1	(b) (6)
27. FEGU			ant Indicato				29. Pay Rate	Determinar
(b) (6)		9	HOT	APPLI	CABLE		0	
(b) (6)	np. Date (Leave)	32. Work 8		APPLI	CABLE		33. Part-Time	Hours Per
SO. Newerment Paus	np. Dale (Leave)	32. Work 5	Schedule	22			33. Part-Time	Hours Per eekly Period
K FERS & FICA	, ,		Schedule	APPLI TINE			33. Part-Time	Hours Per eekly Period
K FERS & FICA (I	o) (6)	32. Work S	Schedule	TINE			33. Part-Time	eekly Period
K FERS 6 FICA POSITION DATA 34. Position Occupied 1 - Competitive Service 3 - SES General 35. FLSA Cate	egory Exempt	32. Work S	Schedule FULI	TINE			33. Part-Time 00 Blw Pay	eekly Period Unit Statu
K FERS & FICA POSITION DATA 34. Position Occupied 1 - Competitive Service 2 - Excepted Service 4 - SES Career Reserved 1 - Excepted Service 3 - SES General 1 - Excepted Service 1 - Excepted Service 4 - SES Career Reserved 1 N - SES Career Reserved	o) (6)	F 36. Approp	FULI FULI orlation Cod	TINE			33. Part-Time 0 0 Bhw Pay	eekly Period Unit Statu
K FERS & FICA POSITION DATA 34. Position Occupied 1 2 - Excepted Service 28. Duty Station Code 35. FLSA Cate 1 2 - Excepted Service 3 - SES General 4 - SES Career Reserved 39. Duty Station	egory Exempt Nonexempt on (City - Coun	32. Work S	FULI orlation Coo	L TINE	8308		33. Part-Time 0 0 Bhw Pay	eekly Period Unit Statu
K FERS 6 FICA POSITION DATA 34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3- SES General 4 - SES Career Reserved 39. Duty Station Code 39. Duty Station	egory Exempt Nonexempt	32. Work S	FULI orlation Coo	L TIME	8308		33. Part-Time 0 0 Bhw Pay	eekly Period Unit Statu
K FERS 6 FICA POSITION DATA 34. Position Occupied 1 - Competitive Service 1 2 - Excepted Service 3- SES General 4 - SES Career Reserved 35. FLSA Cate F-1 1 2- Excepted Service 3- SES General 1 N- 38. Duty Station Code 39. Duty Station	ogory Exempt Nonexempt on (City - Coun PHILADE	32. Work S F 36. Appropriate State or SLPHIA	FULI orlation Coo Overseas	L TIME	80E8 AINA	07-02-	33. Part-Time Blw Pay 37. Bargaining	eekly Period Unit Statu

ENV		ent or Agency ENTAL PROTEC	TION AGENCY	50, Signature/Authentication and Title of Approving Official DEPUTA, H.R. MGHT. BRANCH
47. Agency		48. Personnel Office ID	49. Approval Date	ANGELA BI HOSEY Mosely
. 2	00 95	3260	08-16-98	
5-Part 5	50-316			ble After 6/30/93 540-01-333-6238
		This is an 'off	icial' document ge	enerated from the eOPF system.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 841 CHESTNUT BUILDING PHILADELPHIA, PENNSYLVANIA 19107

Personnel Action Notification

(Approved SF-50 Exception)

.Nature of Action Code and Action: 9XX/Change in Organization Name

Authority Code and Authority: UNM/Agency Letter

'Dated: November 11, 1997'

Effective Date: 01-18-98

Authorizing Official: ANGELA D. MOSBY

Deputy, Human Resources Mgmt. Br.

Date: 01-18-98

. Effective this date the Hazardous Waste Management Division is redesignated as the Hazardous Site Cleanup Division. Type of appointment, position, grade, salary, location code, agency code, and personnel office ID of the following employees who were assigned to the Hazardous Waste Management Division remain unchanged.

NAME





